

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-005452

STATE FILE NUMBER

AMENDED

Registration District No. 27 Primary Registration District No. 5277 Registrar's No. 46

FILED MAR 1 1962

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) Butler R.F.D.		c. CITY OR TOWN Amoret	
Length of stay in lb ----		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Charlotte Twp.		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First James Middle Walter Last Irwin		4. DATE OF DEATH Month February Day 20 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/9/04
9. AGE (last birthday) 57		IF UNDER 1 YEAR Months 7 Days 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clergyman Presbyterian Church		10b. KIND OF BUSINESS OR INDUSTRY Round Head Ohio	
11. BIRTHPLACE (City and state or country) usa		12. CITIZEN OF WHAT COUNTRY usa	
13a. FATHER'S NAME John O Irwin		13b. MOTHER'S MAIDEN NAME Sadie Stitt	
14. NAME OF HUSBAND OR WIFE Nelle Moore Irwin		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. X		17. INFORMANT Nelle M. Irwin	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing injuries to chest + abdomen. Immediate Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Car accident. DUE TO (c) Car accident.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car hit bridge.	
20c. TIME OF INJURY Hour 4:30 p.m. Month, Day, Year 3 20 62		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 52 3 miles west Butler		20f. CITY, TOWN, OR LOCATION Butler Mo.	
20g. COUNTY Bates		20h. STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at about 4:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Doyle C. Howard MD		22b. ADDRESS Butler Missouri	
22c. DATE SIGNED 2-23-62		22d. SIGNATURE Norman Wilson	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-23-1962	23c. NAME OF CEMETERY OR CREMATORY Pleasanton Cem.	23d. LOCATION (City, town, or county) (State) Pleasanton, Kansas
24. FUNERAL DIRECTOR Torneden Funeral Home		25. DATE RECD. BY LOCAL REG. Kans. 2-24-62	

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1962
MAR 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert H. Steinhilber

Licensed Embalmer No. 4657

P. O. Address Butler Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.